

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
CLERK'S OFFICE
2021 SEP -1 AM 10:42
S.D. OF N.Y.

MR. JOSEPH MELVIN COCHRAN.

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

The STATE OF PHILEDEPHIA COURTS
-N- MY JUDGE IN PHILEDEPHIA'S
COURT + NORRISTOWN STATE
HOSPITAL MENTAL HEALTH FORENSIC.

Do you want a jury trial?
☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

Violation of my - CRUEL & UNUSUAL punishment

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

JOSEPH M. COCHRAN
First Name Middle Initial Last Name

NO I HAVE NOT!

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

PHILADELPHIA'S (DC) - DETENTION CENTER

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Belleuve HOSPITAL,

Current Place of Detention

FIRST AVE., & 27TH STREET

Institutional Address

MADHATTAN NEW YORK NEW YORK 10016
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other:

§ 1.30 examination HOLD Detainee!

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<i>I DON'T remember!</i>		
	First Name	Last Name	Shield #
	Current Job Title (or other identifying information)		
	Current Work Address		
	<i>PHILADELPHIA</i>		
	County, City	State	Zip Code
Defendant 2:	<i>I DON'T remember!</i>		
	First Name	Last Name	Shield #
	Current Job Title (or other identifying information)		
	Current Work Address		
	<i>PHILADELPHIA</i>		
	County, City	State	Zip Code
Defendant 3:	<i>I DON'T remember!</i>		
	First Name	Last Name	Shield #
	Current Job Title (or other identifying information)		
	Current Work Address		
	<i>PHILADELPHIA</i>		
	County, City	State	Zip Code
Defendant 4:	<i>I DON'T remember</i>		
	First Name	Last Name	Shield #
	Current Job Title (or other identifying information)		
	Current Work Address		
	<i>PHILADELPHIA</i>		
	County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: NORRISTOWN MENTAL HEALTH STATE -
HOSPITAL FORENSIC, + P.A. Detention center.

Date(s) of occurrence: January, 27, 2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

INSIDE OF P.A. AND JUST OUT ^{SIDE} OF P.A.
THE P.A. COURT system illegally found me
GUILTY OF BURGLARY IN THE FIRST DEGREE!
AND THEN THE JUDGE AND THE SITE-DOCTORS
LIE AND SAID I WAS CRAZY / mentally
unfit to proceed in P.A. COURT system
so they sent me to a mental HEALTH
FORENSIC FACILITY CALLED "NORRISTOWN
STATE HOSPITAL / mental Health JUST
OUTSIDE OF PHILADELPHIA!! P.A.

CONT on page (5).

- CONT - THEY kept me in that mental Health FORENSIC HOSPITAL for 4-years and 6-months and couple of weeks then after that the JUDGE called and said the charges against you are DROP you can go BACK to New York CITY! So can you, see what I mean, I am and was never Guilty / I AM not Guilty!

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

NO, INJURIES except for emotional- and mental depressed / SUICIDEAL tendencies!!!

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want 8, million Dollars, / THE max IF IT IS more than 8, million Dollars well then give me more!!!!

THANK YOU JUDGE!!!

J.M.C.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

AUGUST 16, 2021 Joseph M. Cochran
 Dated Plaintiff's Signature
JOSEPH M. COCHRAN
 First Name Middle Initial Last Name
Bellevue HOSPITAL
 Prison Address
MANHATTAN N.Y.C., N.Y.N.Y. 10016
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 8-16-21

NYC
**HEALTH+
HOSPITALS**

First Avenue & 27th Street
New York, NY 10016

MR. JOSEPH MELVIN COCHRAN, B/C#S 34921002383
NEW YORK NY 100
19 NO 19
USA FOREVER
13

Bellevue HOSPITAL

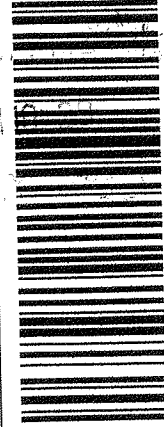
19 AUG 2021 PM 12 L

7020 2450 0000 4399 3015

10: UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
CITY, Manhattan: ATTN: CLERK'S OFFICE

Pro se 1000
SDNY

CERTIFIED MAIL



7020 2450 0000 4399 3015

RETURNED FOR
ADDITIONAL POSTAGE